

Environmental Protection Agency Internet Information

EPA Region 2

While Freedom of Information Act (FOIA) requests will be honored by directly writing to Region 2, EPA provides an increasing amount of environmental media information, and other Regional activities via Internet at <http://www.epa.gov>.

Region 2 has provided a FOIA Web site <http://www.epa.gov/region02/foia/> with several online databases from which the environmental information can be retrieved.

- **"Frequently FOIAed Files"** Web site <http://www.epa.gov/region02/foia/fff.htm> covers RCRA and many other media Programs. Through this Web site, you can learn about each media Program, associated databases, and special points of interest. In particular, the ability to "directly download" all of the most commonly requested Region 2 Export Files (.xls) and Reports (.pdf) - all compressed for quicker downloading.

EPA Region 2 has established a **list of contaminated facilities** that are a high priority for cleanup in New York, New Jersey, Puerto Rico and the U.S. Virgin Islands. You can view each facility fact sheet at <http://www.epa.gov/region02/cleanup/sites/>

EPA- Headquarters

- **Envirofacts Data Warehouse** Web site <http://www.epa.gov/enviro/index.html> is a one-stop source to the environmental information. This Web site provides access to several EPA databases with information about environmental activities that may affect air, water and land anywhere in the United States.
- **"My Environment"** Web site <http://www.epa.gov/myenvironment> is a powerful tool that provides a wide range of federal, state and local information about environmental conditions and futures in an area of your choice.
- **The Enforcement and Compliance History Online (ECHO)** Web site <http://www.epa.gov/echo/> provides a list of all inspections and enforcement under most of the environmental statutes.
- **Right-To-Know Network (RTK Net)**, a non-EPA Web site <http://www.rtknet.org/> on-line query engine provides free access to numerous databases and resources on environment.
- **National Biennial RCRA Hazardous Waste Report** Web site <http://www.epa.gov/epaoswer/hazwaste/data/biennialreport/index.htm> provides documents and data on hazardous waste reports.
- **Conditionally Exempt Small Quantity Generators** Web site <http://www.epa.gov/osw/hazard/generation/cesqg.htm> provides information on Conditionally Exempt Small Quantity Generators.

FOIA Request No. EPA-R2-2014-003988

We do not have any RCRA hazardous waste information for the addresses at 481-487 Brook Avenue in Bronx, New York.



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

02/16/98

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NY0000991083

FACILITY NAME ->

CLEAN ACTION CLEANERS

MAILING ADDRESS ->

489 BROOK AVE
BRONX, NY 10455

INSTALLATION ADDRESS ->

489 BROOK AVE
BRONX, NY 10455

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
290 BROADWAY
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: RAMOS, ANGELO
PRESIDENT
CLEAN ACTION CLEANERS
489 BROOK AVE
BRONX, NY 10455

Please refer to Section V. Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

GSA No. 0246-EPA-OT

Date Received
(For Official Use Only)

✓ 2-9-98

(90)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. Initial Notification

☒ B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

NY 00000991085

II. Name of Installation (Include company and specific site name)

LEAN ACTION CLEANERS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

789 BROOK AVE

Street (Continued)

City or Town

BRONX

State

Zip Code

NY

10455-

County Code

County Name

005

V. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

SAME

State

Zip Code

NY

10455-

VI. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

RAMOS

(First)

ANGELO

Job Title

PRESIDENT

Phone Number (Area Code and Number)

718-993-4093

VII. Installation Contact Address (See Instructions)

A. Contact Address Location

Mailing

B. Street or P.O. Box

☒

SAME

City or Town

SAME

State

Zip Code

NY

10455-

SAME

VIII. Ownership (See Instructions)

Name of Installation's Legal Owner

ANGELO RAMOS

Street, P.O. Box, or Route Number

106 AUTO BIAN AVE

City or Town

NEW YORK

State

Zip Code

NY

10032-

One Number (Area Code and Number)

12-795-8717

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Yes

No

Month

Day

Year

✓

01

02

98

Handwritten signature

2-18-56-2052

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions)

A. Hazardous Waste Activity

1. ☐ Generator (See Instructions)
☐ a. Greater than 1000kg/mo (2,200 lbs.)
☒ b. 100 to 1000 kg/mo (220-2,200 lbs.)
☐ c. Less than 100 kg/mo (220 lbs.)
2. ☐ Transporter (Indicate Mode in boxes 1-5 below)
☐ a. For own waste only
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
☐ 2. Rail
☐ 3. Highway
☐ 4. Water
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.
- ☐ 4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Deferral
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

- ☐ 1. **Used Oil Recycling Marketer**
 - ☐ a. **Marketer Directs Shipment of Used Oil to Off-Specification Burner**
 - ☐ b. **Marketer Who First Claims the Used Oil Meets the Specifications**
- ☐ 2. **Used Oil Burner - Indicate Type(s) of Combustion Device**
 - ☐ a. **Utility Boiler**
 - ☐ b. **Industrial Boiler**
 - ☐ c. **Industrial Furnace**
- ☐ 3. **Used Oil Transporter - Indicate Type(s) of Combustion Device(s)**
 - ☐ a. **Transporter**
 - ☐ b. **Transfer Facility**
- ☐ 4. **Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)**
 - ☐ a. **Process**
 - ☐ b. **Re-refine**

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

- | | | | | |
|------------------------------------|------------------------------------|-----------------------------------|---|--|
| 1. Ignitable
<i>(D001)</i>
□ | 2. Corrosive
<i>(D002)</i>
□ | 3. Reactive
<i>(D003)</i>
□ | 4. Toxicity Characteristic
<input checked="" type="checkbox"/> | (List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ |
|------------------------------------|------------------------------------|-----------------------------------|---|--|

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
F002	D039	D040	D00P	D008	
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1.	2.	3.	4.	5.	6.
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<div></div>

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature .

Name and Official Title (Type or print)

Date Signed

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

TO WHOM IT MAY CONCERN:

I (NAME) ANGELO RAMOS HAVE PURCHASED
THIS BUSINESS, (STORE NAME) KLEENER KING
LOCATED AT (STORE ADDRESS) 489 BROOK AVE
ON (DATE) 01/02/98. WE WILL CONTINUE TO
OPERATE A DRY CLEANING BUSINESS UNDER THE NAME, CLEAR ACTION CLEANER

SIGNED

Angelo Ramos

PRINT

ANGELO RAMOS



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

12/26/94

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NY0000991083

FACILITY NAME -> KLEENER KING

MAILING ADDRESS -> 489 BROOK AVE
BRONX, NY 10454

INSTALLATION ADDRESS -> 489 BROOK AVE
BRONX, NY 10454

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: AIR & WASTE MANAGEMENT DIVISION, ROOM 1006
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH
RCRA NOTIFICATIONS

TO: GRAULAU, DAVID
MGR
KLEENER KING
489 BROOK AVE
BRONX, NY 10454

Please refer to the instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

U.S. EPA
AGENCY ROUTE ID
EM12:2
OLIO 113
BRANCH

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification



B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NY 00009910803

II. Name of Installation (Include company and specific site name)

KLEINER KING S * * * * *

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

489 BROOK AVE

Street (continued)

City or Town

BRONX

State

ZIP Code

NY 10454-

County Code

County Name

005

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

489 BROOK AVE

City or Town:

BRONX NEW YORK

State

ZIP Code

NY 10454-

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

GRAULAU

DAVID

Job Title

MANAGER

Phone Number (area code and number)

718-993-4093

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location Mailing



B. Street or P.O. Box

SAME

City or Town

BRONX

State

ZIP Code

NY 10454-

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

JOEY AGUIAR

Street, P.O. Box, or Route Number

2439 CRESTON AVE

City or Town

BRONX

NEW YORK

State

ZIP Code

NY 10468-

Phone Number (area code and number)

718-2511-4131

B. Land Type

C. Owner Type

D. Change of Owner

(Date Changed)

Indicator

Month

Day

Year

Yes

No

X

2-18-36-7112

ID -- For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify
- ☐ 3. Treater, Storer, Disposer (at installation)
Note: A permit is required for this activity; see instructions.
- ☐ 4. Hazardous Waste Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) -
Type of Combustion Device
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer
(or On-site Burner) Who First Claims
the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐
2. Corrosive (D002) ☐
3. Reactive (D003) ☐
4. EP Toxic (D000) ☒
- (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s))
-

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this form and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature David Graylau Name and Official Title (type or print) DAVID GRAYLAU HSS MANAGER Date Signed 11/30/84

Comments

Users refer to Section V. Line-by-line instructions for completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. Initial Notification ☒ B. Subsequent Notification (Complete Item C)

C. Installation's EPA ID Number

NY 00000991083

I. Name of Installation (Include company and specific site name)

LEAN ACTION CLEANERS

II. Location of Installation (Physical address not P.O. Box or Route Number)

89 BROOK AVE

Street (Continued)

City or Town

BROOK

State

Zip Code

NY 10455-

County Code County Name

V. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

SAME

State

Zip Code

SAME-

F. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

RAMOS

(First)

ANGELO

Job Title

PRESIDENT

Phone Number (Area Code and Number)

718-993-4093

G. Installation Contact Address (See Instructions)

A. Contact Address Location Mailing

☒ ☐

B. Street or P.O. Box

SAME

City or Town

SAME

State

Zip Code

SAME

H. Ownership (See Instructions)

Name of Installation's Legal Owner

ANGELO RAMOS

Street, P.O. Box, or Route Number

106 AUTOBIAN AVE

City or Town

NEW YORK

State

Zip Code

NY 10032-

Phone Number (Area Code and Number)

12-795-8717

B. Land Type

A

C. Owner Type

A

D. Change of Owner Indicator

Yes ☒ No ☐

(Date Changed)

Month Day Year

01/02/98

US POST 3/5/98
EXP. MAIL
Change
2500-95-811-2 (Owner)

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions)

A. Hazardous Waste Activity

B. Used Oil Recycling Activities

1. Generator (See instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220-2,200 lbs.)
- ☒ c. Less than 100 kg/mo (220 lbs)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Refractor
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

1. Used Oil Recycling Marketer
- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s)

- ☐ a. Transporter
- ☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)

☐

2. Corrosive (D002)

☐

3. Reactive (D003)

☐

4. Toxicity Characteristic

☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
F002
7

2
D039
8

3
D040
9

4
D000
10

5
D008
11

6

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1.

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Angelo Ramos

Name and Official Title (Type or print)

ANGELO RAMOS (PRESIDENT)

Date Signed

2/5/98

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

TO WHOM IT MAY CONCERN:

I (NAME) ANGELO RAMOS HAVE PURCHASED
THIS BUSINESS, (STORE NAME) KLEENER KING
LOCATED AT (STORE ADDRESS) 489 BROOK AVE
ON (DATE) 01/02/98. WE WILL CONTINUE TO
OPERATE A DRY CLEANING BUSINESS UNDER THE NAME, CLEAN ACTION CLEANER

SIGNED Angelo Ramos
PRINT ANGELO RAMOS

U.S. FBI
AMSTERDAM
92 FEB 20 11:11:43
RECEIVED

RECEIVED
19-0000 8-22-98
U.S. FBI
AMSTERDAM

RCRARep Handler Detail Report

Report run on: March 3, 2014 3:52 PM

Facility Information

ID / Dist	Name / Location Address ...	County	Regulated Activity
NY0000991083	CLEAN ACTION CLEANERS		
NYSDEC R2	489 BROOK AVE		
	BRONX NY 10455	BRONX	

Other State Interests

-State Replaces a Null value not allowed to reload via CDX.

Sources Overwritten Prior to 2001 (before RCRA kept history for activity/address/contact)

01/01/07 I State/EPA
 01/01/06 I State/EPA
 02/09/98 N Notification

Extract Flag

All data for this Handler is released to the Public (except any enforcement-sensitive CME data)

Activity Location

Handler Module Data for NY State only

Location Address

01/01/07 State/EPA 489 BROOK AVE
 BRONX (NY005)
 BRONX, NY 10455
 State District: NYSDEC R2
 Land Type: Private (P)

Mailing Address

01/01/07 State/EPA 489 BROOK AVE
 BRONX, NY 10455

Contact

01/01/07 State/EPA ANGELO RAMOS
 489 BROOK AVE
 BRONX, NY 10455
 Phone: (718)993-4093
 02/09/98 Notification ANGELO RAMOS
 489 BROOK AVE
 BRONX, NY 10455
 Phone: (718)993-4093

Legal Owner/Operator of Site

01/01/07 State/EPA Current Owner from -
 ANGELO RAMOS (Private)
 106 AUTOBAN AVE
 NEW YORK, NY 10032
 Phone: (212)795-8717
 Notes: This record created to coincide with EPA Mass Update for 01/
 01/2007 on Rundate: 06/11/2008

Regulated Hazardous Waste Activities

01/01/07 State/EPA
 Federal Not a Generator
 State Replaces a Null value not allowed to reload via CDX.

RCRAREp Handler Detail Report

Report run on: March 3, 2014 3:52 PM

NY0000991083

Regulated Hazardous Waste Activities

01/01/06 State/EPA

Federal Not a Generator

State Replaces a Null value not allowed to reload via CDX.

02/09/98 Notification

Federal Conditionally Exempt SQG

Waste Codes

02/09/98 Notification D000 D007 D008 D039 D040 F002

D000 DESCRIPTION

D007 CHROMIUM

D008 LEAD

D039 TETRACHLOROETHYLENE

D040 TRICHLOROETHYLENE

F002 THE FOLLOWING SPENT HALOGENATED SOLVENTS: TETRACHLOROETHYLENE, METHYLENE CHLORIDE, TRICHLOROETHYLENE, 1,1,1-TRICHLOROETHANE, CHLOROBENZENE, 1,1,2-TRICHLORO-1,2,2-TRIFLUOROETHANE, ORTHO-DICHLOROBENZENE, TRICHLOROFLUOROMETHANE, AND 1,1,2, TRICHLOROETHANE; ALL SPENT SOLVENT MIXTURES/BLENDS CONTAINING, BEFORE USE, A TOTAL OF TEN PERCENT OR MORE (BY VOLUME) OF ONE OR MORE OF THE ABOVE HALOGENATED SOLVENTS OR THOSE SOLVENTS LISTED IN F001, F004, AND F005; AND STILL BOTTOMS FROM THE RECOVERY OF THESE SPENT SOLVENTS AND SPENT SOLVENT MIXTURES.

Certification

01/01/07 State/EPA

BRS-MANIFEST MASS UPDATE

Signed: 01/01/07

01/01/06 State/EPA

BRS CYCLES 2001 2003 2005 BRS 2001 2003 2005

Signed: 01/01/06